

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
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TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	18						TOTAL DEP.			
TOTAL CLAIMS	20						TOTAL CLAIMS			